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FACSIMILE TRANSMISSION

May 21, 2007

TO : USPTO

ATTN: NGUYEN, Quang N.

FAX NO.: 571-273-8300

FROM: Michael P. Stanley

RE: 09/765,623

ATTORNEY DOCKET: 1095.1152

NO. OF PAGES (Including this Cover Sheet) 8

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COMMENTS: Response After Final Rejection (7 pages) and Petition for a two-month extension of time enclosed.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on May 21, 2007
By: Michael P. Stanley
Date: May 21, 2007

MAY 21 2007

S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1095.1152			
		Application Number	09/765,623			
		Filing Date	January 22, 2001			
		First Named Inventor	Hiroyuki KANEKO			
		Group Art Unit	2141			
AMOUNT ENCLOSED	450.00	Examiner Name	NGUYEN, QUANG N			
FEE CALCULATION (fees effective 12/08/04)						
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations	
TOTAL CLAIMS	7	20 =	0	X \$ 50.00 =	\$ 0.00	
INDEPENDENT CLAIMS	3	3 =	0	X \$ 200.00 =	0.00	
Since an Official Action set an <u>original</u> due date of <u>March 21, 2007</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months					450	
If Notice of Appeal is enclosed, add (\$500.00)						
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)						
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)						
Total of above Calculations =					\$ 450.00	
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)						
TOTAL FEES DUE =					\$ 450.00	
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".						
METHOD OF PAYMENT						
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.						
GENERAL AUTHORIZATION						
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>						
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.						
SUBMITTED BY: STAAS & HALSEY LLP						
Typed Name	Michael P. Stanley			Reg. No.	58,523	
Signature	<i>Michael P. Stanley</i>			Date	May 21, 2007	

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